CHANGING PATTERNS OF VILLAGE LIFE

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the medical missionary

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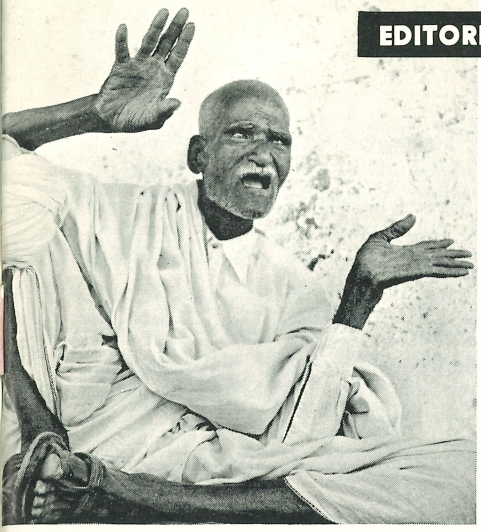
EDITORIAL



India's Only Chance

Three out of four persons in Asia, Africa and Latin America depend directly on the land for their livelihood, and live in villages.

Six hundred and fifty-eight thousand villages, each with an average population of 500 (or less) men, women and children (one-fifth of all the villagers in the world) . . . a whole nation of villages—that is India. "India's soul is lodged in the depths of village life," said Gandhi. "If the villages perish, India will perish too. It will no more be India. Her mission to the world will be lost."

On that August day in 1947 when India won its independence, the new nation could boast of a population of 347 millions of people. Of these only about 5% could claim a satisfactory standard of living—even by Indian standards. These were the professional men—for whom an income of even $60 a month was unheard of.

And beyond this favored few, extended a great multitude of poor—over 300 millions of village people, a great many of whom faced with everpresent food scarcity, endured what Gandhi called, "an eternal compulsory fast." One meal a day would be luxury.

This Indian multitude lived in windowless mud huts in thousands of hidden villages; 48 million of them, toiling on land they did not own. These are the landless peasants, even today, the most miserable in the world. Their family income, less than $100 a year.

In 1946 three-fourths of India's people could not read or write; 99% of them had never seen an electric light bulb, a movie, a wireless set, a newspaper, or even a drugstore.

In 1946, the life expectancy of a new born Indian child was 32 years. Infant and maternal death rates were among the worst in Asia. Preventable diseases such as malaria, smallpox, cholera, and others caused half of all the deaths.

There was only one doctor for 25,000 people in the villages—one hospital for 50,000. Only a scattering of the 658,000 villages were serviced by all-weather roads, or any form of transportation.

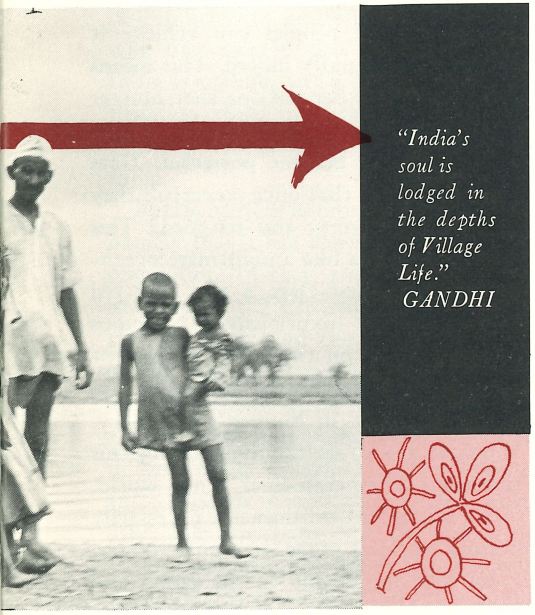
Even though three-fourths of India's people worked on the land the yield per acre was the lowest in the world. For centuries the Indian villager had gone on using the same primitive methods of plowing his field with an ancient wooden plow, barely scratching the surface of the impoverished soil, planting always the same crop, in the same furrow; never knowing when the drenching monsoons would sweep away the little earth he had, or the scorching heat dry up his meagre harvest. If the crops were good, he managed to eat and survive; if the crops failed there was only starvation and deep patient resignation to his fate.

But India's new leaders, led by Nehru, who early in his career was touched by the plight of India's peasants, were not to be dismayed by the depths and vastness of India's poverty. They knew India had great potential wealth, extensive reserves of iron, manganese, bauxite, coal, mica, and even atomic materials such as thorium ores. They had the vision and the courage to see that if India's wealth could be developed it could create for the first time, an income and opportunity for the rebirth of the Indian people and nation. With this in mind they planned a strategic attack and inaugurated India's First Five Year Plan in 1951.

Almost 60% of India's First Plan was allotted to ways and means of raising agricultural productivity. This was carried out by village community pro-

grams or projects (financed generously by Ford Foundation) the National Extension Service and the spread of cooperative enterprise.

Modelled somewhat after our rural extension service, village development programs offer community advice on modern agricultural methods, better seeds, the use of fertilizer, building schools through voluntary labor, health and sanitation improvement, adult education programs, etc. A trained worker (Gram Sevak) is assigned to every five or six villages. He is assisted by a team of specialists, when the time is ripe for them. First he must awaken and alert the villagers to the desire for improving their fields, their homes, their health. He must gain their cooperation; only then does he move in to help them, as one of themselves.

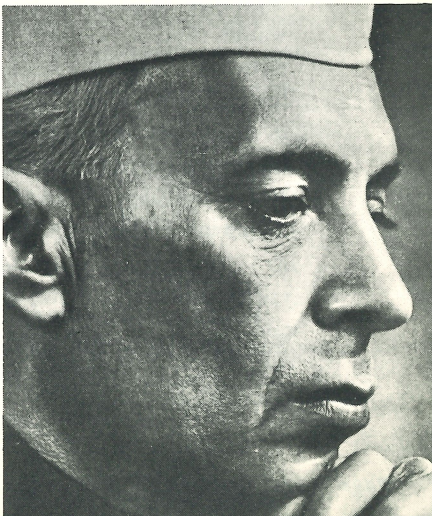


"India's soul is lodged in the depths of Village Life."
GANDHI

In its efforts to revitalize village life, India has attempted one of the greatest social democratic revolutions ever tried in the world. Following Gandhian peaceful methods of change, India seeks to bring about social and economic freedom, with the voluntary consent of its people. For the first time in history, a government is deliberately creating in the minds of its own people, who for centuries have been attuned to believe in destiny, the seeds of revolt, to fight poverty as a disease.

In the first five year period, after the village development projects began, food gain production went up 25%, and over 6 million acres of land were brought under irrigation. The national income in this period was raised by 18%, or 3% per year. By 1953, malaria control had reduced the 100 million annual cases of malaria to 25 million.

Village development programs reached out to 100,000 villages in the first year, affecting 70 million people. By 1961, at the end of the Second Five Year Plan, all the 658,000 villages in India will have been attacked by this revolution against poverty, hunger and disease.



"Without industrial development there can not be a higher standard of living."
NEHRU

In spite of the great gains from the First and Second Five Year Plans, India has been criticized by some who say that "she failed to come to grips with her main problem of mass poverty," and that she put more stress on industrialization in the Second Five Year Plan than on agriculture and food programs. While it is true that a gain of 28% *was* planned for agriculture, and 64% was allotted for industrial production and 230% for steel production, yet, India knows she faces a dilemma in this regard. "No modern state geared to a modern economy can subsist solely on an agricultural basis," says Mr. Moraes, the Indian Journalist. And Nehru himself has stated that "without industrial development there cannot be a higher standard of living for our people . . ." At India's present rate of development, it would take her 35 years to raise the per capita income of her people to $2.00 a week. And this is far too slow, for the basic requirement for development is capital, and capital is saving something over and above one's consumption. But how is India going to squeeze out any amount for saving when consumption is far below bare living requirements, and less than $1.25 a week? No democracy can afford to put that necessary degree of hardship upon its people that would make it capable of raising the standard of living quickly enough. We have only to witness what is going on in China for an example of this. That is why India, to keep a democratic system must have *external assistance* in long term credits.

It is a well-known fact that the industrial nations, primarily the western nations, which comprise only 14 per cent of the world's population, enjoy 55% of the world's income and wealth. The explosive possibilities of this alarming disparity between "have" and "have not" nations is graphically represented in a recent book, "Image of America" by Father Bruckberger, O.P., where he states:

"Nothing can hold back the industrialization of the world. First Russia, and now China, have shown us that the most backward peoples can achieve it rapidly, very rapidly indeed. This means that all those other nations that hunger today have only to make the effort and they, too, will become powerful. Does anyone imagine that once powerful, they will remain hungry and resigned? This planet of ours is like a nightmare ocean-liner. In the first-class, a few well-fed passengers, live luxuriously in spacious quarters, while on the decks and in the holds all the rest of the passengers are herded together in hunger and misery. Who can fail to see the dynamite in this situation? The ocean-liner is one world, but a unified world does not necessarily mean a world at peace. It is only too obvious that the people on the decks, and in the holds could mutiny and by weight of numbers could easily overwhelm and enslave the first-class passengers. Our world is that ocean-liner, headed toward an unknown destiny, but a destiny common to all on board."

From the standpoint of justice and charity, Christian nations *dare* not hesitate to remedy this situation. For India, it may mean her only chance for survival, as a democratic nation in this modern world.

SOCIAL SITUATION IN INDIA

Rev. Bede Griffiths, O.S.B.

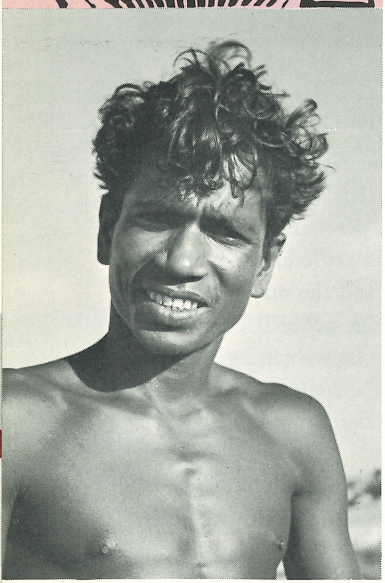
Kerala has been in the limelight during recent months and has focused the attention of the world on the social and political problems of India. In many respects the situation in Kerala is peculiar, but it presents in a somewhat extreme way the essential problems which face India as a whole, and a description of the situation there may therefore help towards the understanding of the rest of India.

Kerala is quite exceptional in one way, namely that it has a very large Christian population. In fact, though not exactly the largest, the Christian community is the wealthiest and the most influential of all the communities in Kerala and numbers about three million or nearly a quarter of the population (about 2 million being Catholics). The Hindus and Moslems come second and third after the Christians, but the largest of all is a community called the Ezhavas (pronounced Iravas!). Many are fishermen. These were an outcast community with no political or economic rights, and were treated with contempt by Hindus and Christians alike. They are still very poor for the most part, but they have now managed to achieve some status; they have schools and even a university college and they form the backbone of the Communist party.

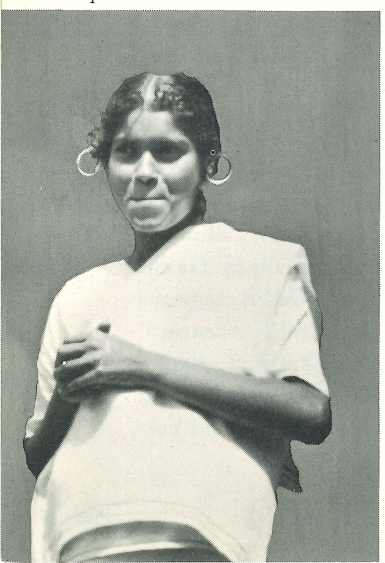
A great mass of poor, previously outcast, people who now receive support from the government but still have to struggle for their rights and find it difficult to rise, is of course, typical of India, but in Kerala the situation is accentuated by the fact that it is the best educated state in India. The percentage of children who receive a primary education is said to be about 90% and the majority go on to Middle and High School. The standard of literacy can be judged by the fact that there are no less than fifteen daily papers in Malayalam (the local language). This means that the people are extremely political conscious and are therefore very much exposed to Communist propaganda.

The standard of education has gone down very much since independence as the medium of instruction in the schools is no longer English, but on the other hand there is a very fine literature in Malayalam which can claim to be one of the most cultivated languages in India. Girls receive the same education as boys and there are several women's colleges where they get a first-class education. One of the features of the late political conflict in Kerala was the emergence of women into public life. Before this they have tended always to remain at home but now they also have become politically conscious.

Though the Hindus have good schools and colleges, it is generally admitted that the Christian schools are by far the best. The Protestants (C.M.S.) were the pioneers of education in the last century, but they were followed by the Catholics who now have the largest number and on the whole the best schools and col-



Kerala Fisherman (Ezhavas) These form the background of Communist party there.



Christian Village Woman, Kerala, with typical gold earrings. Women now enter into politics.

leges of all. It was this that set the stage for the conflict over the Education Bill. The Catholics saw that their whole educational system was endangered and with it the whole position of the Church in the life of the people. They were able to get the other Christian communities to join with them and to initiate the resistance to the Communist government. But it was only when the Hindus (who had previously been very much opposed to the Christians) and the Moslems united with them that the Communist government was compelled to resign.

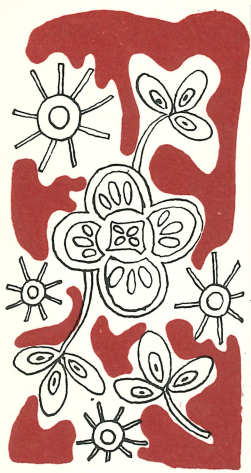
The conflict with Communism has thus brought the Christian and Hindu communities together as well as the political parties. If this unity can be maintained, it will make a profound change in the situation. There is nothing more urgent than that the Christians and the Hindus should learn to work together for those great objectives of political and economic progress which they share in common. But much depends on whether they are capable of initiating those reforms which are needed. Though Kerala is a very fertile country with abundance of rain, unlike the greater part of India, this advantage is off-set by the fact that it is the most thickly populated country, not only in India but in the world, having over 900 people to a square mile. The result of this is that there is a great deal of unemployment not only among the workers but among the educated. It is no uncommon thing for a man with a B.A. or a B.Sc. to be unable to find any job. This leads to a feeling of frustration and loss of confidence in the democratic order and opens the way to Communism.

What is needed above all is a number of small industries but so far neither the Congress nor the Communists have been able to satisfy this need. The weakness of the Christian communities in Kerala seems to be that they are almost completely lacking in a social sense. They are often extremely enterprising and industrious and they have a strong sense of religion and of loyalty to the Church. There is no doubt that the core of the resistance to Communism came from these Christians, especially the Catholics, who felt that their faith was threatened and who were literally prepared to die for it.

But with this deep personal religion there seems to be little sense of responsibility for the poor. There are, of course, institutions for the help of the poor, though they are not very numerous and there are now a good many

hospitals, but there is as yet scarcely any attempt being made to tackle the problem of the poverty of the masses seriously. We are glad to say that there is at this moment a scheme for developing cooperatives among the poor being introduced, but it is a very small beginning and no attempt has been made along these lines on a large scale. With their wealth and influence in politics it should be possible for the Christians in union with the Hindus to effect a radical change in the situation. Unless this is done it is to be feared that the Communists will be again returned to power as they alone have a serious program for raising the standard of living of the poor.

This is the issue which faces us in Kerala and it is the issue ultimately all over India. Unless the Congress party can succeed in raising the standard of living of the poor and preventing the excessive corruption which prevails among the rich, it is to be feared that India will eventually fall into the hands of the Communists. The only answer to Communism is to be found in some kind of co-operative system which the present government has initiated. In this Christians could play a very considerable, if not a decisive part, as this is the real Christian answer to the problem of poverty in India and elsewhere. Perhaps it is in this way that Christianity can make its most definite contribution to the salvation of India at the present time.



OUR THEME — CHANGING PATTERNS

We live in a world which is rapidly being transformed before our eyes by the marvels of new inventions, new scientific and industrial discoveries. The greatest and most far-reaching revolutions however, are taking place in the East and Africa. As Toynbee says, "this single fact that millions of backward peoples in the remotest villages in Asia, Africa and Latin America have a new awareness of possibility — a new hope of escape from the old memory of poverty, hunger and disease . . . this is the paramount fact of our times."

Our theme for this year's **Medical Missionary Magazine** centers around 'the hopes' of these people and the impact of technical change on the cultural, social, health and economic patterns that make up their lives.

SOCIAL IMPACT OF A VILLAGE HOSPITAL

Sister M. Nathaniel, M.A.

At about 10 o'clock one night Rev. Fr. Chennat was summoned from his presbytery to administer the Last Sacraments to a dying young mother. The monsoon rain was pouring down and as the house was small some of the family had to go outdoors in order to allow Father to get to the patient who was in labor and whose death was imminent. Father stayed, consoled the family, and made arrangements for the funeral. What a loss! This young woman left four small children for her husband and his parents and relatives to rear. She had been strong enough to give birth to the new baby safely but a difficulty (simple to the medical profession) arose. Everyone realized she would not survive if carried on a litter (by four coolies) to the boat landing (in the blackness of night during the monsoon) and then the journey by boat and carrying again from the shore to the distant government hospital.

Helplessly, they called upon Father as life ebbed away. Father is the embodiment of all that is good and beneficent in the village of Thuruthipuram, Kerala, South India—law and order, morals, financial succour, domestic tranquillity, worship, entertainment and recreation, employment, rice during the flood, the pioneer in education and transportation, bridges and roads, host to government officials, arbitrator, etc.—"all things to all men."

The young mother who just "went to heaven" was a teen-ager when he, fresh from Rome, came to his first parish. Father grieved over the death of this parishioner.

Fortunately Father had made each family save about 1 anna (2¢) a week for funeral expenses—otherwise, how

could they have a decent burial, suitable to the dignity of man? He had also organized the dowry fund at the church requiring young girls to save a tiny bit each week so that when it came time for their marriages there might be enough (with interest) to acquire the little necessities for that occasion.

"What about medical care?" The question haunted Father until he approached his Bishop, got his hearty endorsement and after soliciting funds, began to collect supplies for construction of a small hospital on a plot of land in his parish donated by the Archbishop. In September, 1954, when the Medical Mission Sisters arrived to take

over the hospital, crowds stood on the shore and stared; they had never seen Sisters before!

The hospital was officially opened—the out-patient department only—on October 4, 1954. From the very first day, Sister M. Stephanie, R.N., found patients waiting on the verandah when she came out of Chapel after Holy Mass. After breakfast the crowd would be doubled and Sister Francis, M.D. would begin examining and prescribing. It was not easy, for an interpreter had to translate for her, and the Malayalee patient. The people were very eager to see everything and, in the beginning, peered in the windows and over the doors; the children crawled under the doors (they are only the size of swinging gates to give maximum ventilation) to find out what the doctor did to each patient. The latter never seemed to mind, for they too would do the same, but we Sisters, nurses, and doctors, found it distracting so we had the windows painted if glass, or covered with thin curtain material, and the doors redesigned for privacy.

Many patients suffered from TB and the series of 15 or more injections of streptomycin was given, together with an order for rest and plenty of nourishing food. To this Sister M. Francis, M.D., received a reply like this, "How can I take bed rest? I have five children, my wife and father to support. If I stop working, what will they eat?" This is when the doctor had to cast her eyes beyond the examining room to the little thatched house with no bed at all, windowless, dirt floor, the young children carrying the babies on their hips—the babies full of scabies. All Sister M. Francis, M.D. could do would be to give them a leaflet in Malayalam which not only indicated the broad steps to their cure, but gave precautions to prevent the rest of the household from developing TB.

When Sister was engaged in the operating room with emergency operations,

Archbishop Attipetty Jubilee Memorial Hospital, Thuruthipuram, Kerala, S. India.

the patients simply accumulated. Usually they waited patiently. It was noticed, however, by the interpreter who called the patients in, that some mothers were pinching their babies! They had observed that Sister did not like such background music and would usually ask the interpreter to have those "terribly screechy babies" admitted first.

Attendance was beyond all expectation. Sixty patients arrived the very first day. In three months the numbers totalled 13,599! On certain days whole groups would arrive from a certain place. We wondered how that could happen. Then we found out that young and old, chronics and acutes, banded together in one village, hired a boat, and landed in Thuruthipuram! All looked for miracles from the new doctor from America. Another day they would come from another village. (The hospital has to serve a population of 20,000!) Thuruthipuram is situated on a peninsula, joined on one side to the mainland. There is no road. No matter which way you start out, in the end you have to take a boat to get to the hospital.

Among our out-patients, in the first months, was our "vanchi man"—he who rows us across the river to the mainland. He was about to succumb to TB, but his condition improved with the treatment and rest the Sister-Doctor prescribed. He has a family of young children and had the disease progressed, they would be hungry today.

One very important innovation in the life of Thuruthipuram took place one month after the hospital opened. Electricity came to the village. The initial turning on of the lights was dramatically arranged for the night time, and all the villagers gathered in front of the hospital to witness the blazing of the entire hospital, at one moment. For people who had always used candles, lanterns, and torches (made of burning dried coconut leaves bound together) and who had considered the acme of illumination to be the PETROMAX (a spirit light) it was an unbelievable marvel of civilization.

With their good intelligence, however, the people quickly learned a great deal about servicing, changing bulbs, the importance of extension cords, meter-reading, etc. At first only about four houses and the hospital were wired and the rates were excessively high, now many more have electricity in their homes.

Registrations increased as the days went by. Every day made us realize more and more how much misery lay behind the beautiful coconut palm trees, which provided for the daily needs of our people. How much sickness and how much

(l. to r.) *30 children were fed daily. Thousands of patients came. Lines waiting for N.C.W.C. milk. Thuruthipuram, Kerala, S. India.*

poverty! "Cash illa" (no money) we heard 100 times a day. They earn their daily bread by fishing or tending the coconut palm trees. They lead a hand to mouth existence when well, but malnutrition and vitamin deficiencies are their daily companions. Tuberculosis is widespread; infestation with intestinal parasites is common (about 90% of the people) and anemia follows in its trail. The water supply is contaminated and they get all kinds of water-borne diseases, such as amoebiasis, typhoid, and cholera.

On the Feast of the Holy Family in January 1955, the in-patient department of the hospital was opened, the introduction of another new era for Thuruthipuram. There were 20 beds in the new section with new mattresses on new beds, cleanly whitewashed walls, doilies and curtains. The mattresses were the biggest innovation. No one had ever seen one. We had to bring a tailor in from Kottayam—miles away—to make them.

How were these patients to eat? Fortunately, the first ones came from nearby and their relatives brought their meals from home. The kitchen staff was still getting much-needed experience in cooking for large groups of people and our market situation was not yet stabilized. There were no stores around the corner —all provisions had to come across the river by vanchi. Market days are only Mondays and Thursdays.

In this part of South India the daily diet centers around the main products—rice, fish, tapioca, plantain and coconuts. Meat is ordinarily served only once a week. On Sundays, one cow is brought in by vanchi (country boat) and slaughtered. Then the people buy the meat on the way home from church, carrying it in little baskets of braided palm leaves. They must eat it that day, for there is no refrigeration and it will not keep in the heat.

Even today there are not many shops in Thuruthipuram. A cobbler did undertake a venture near the hospital as the Sisters wore shoes, but he gave up. They couldn't give him much business, and besides they had these funny "composition" soles which he didn't have any experience in repairing. One day a servant took some shoes to Kottapuram for stitching. It was such a fine job that the nurse couldn't get into them—the button was through the buttonhole in the strap and the whole solidly sewed.

Because the people live so closely together in the joint-family system, when one member is sick and taken to the hospital very many family members also come with him. Now, the question was, how to allow the patient to have visitors at certain times only, and only a few

members at a time! It was quite an uphill struggle and still is one of the things which has taken the longest to educate the public in that regard.

The hospital, through His Grace, Bishop Attipetty of Verapoly, received food for distribution to the poor almost as soon as we came to Thuruthipuram. The chief items were milk powder from N.C.W.C., plus, from time to time, cheese, rice, wheat or maize. Milk was distributed almost daily for five years; but now it is no longer received for distribution. A system was used by which the poor and poor-sick got it. As long as it was known that any food was still left there would be men, women and children, with empty bowls waiting . . . waiting . . . sometimes most of the day . . . to get some. The Sisters tried to conserve it so as to have some during flood season, in case of epidemics, and to feed the in-patients whose families were too poor to bring them meals from home, but it was useless. When people are hungry, how can they think of the future?

The Sisters are thankful that they had the milk powder and food to distribute as long as they did, for sometimes they felt that giving medicine was rather futile, if the patients had no food to eat at the same time. Now, at least, they believe that some stamina has been built up and they almost dare to say the people of the village are a little better off physically and economically, than they were five years ago.

Late in 1955 we began to feed 30 of the poorest children a meal of rice and curry daily; the rice was provided by UNICEF, the hospital furnished the curry. The meal was at about 5:00 in the evening. The children brought their own enamel plates and were served. It was too bad it had to come to an end, but after a few months there was no more UNICEF rice to be had, though the Sisters tried and Father also.

January 1956 brought the opening of the pre-natal clinic intended for the expectant women of the village. It had been noticed time and again, since the doctor's arrival, that mothers and/or grandmothers came running to the hospital with infants and children sometimes in critical condition, but the elders themselves were almost hysterical. The Sisters concluded that the infant mortality having been so high, the fear of losing a baby haunted them. We started a pre-natal clinic. It was held once a week; the women received physical examinations, all types of laboratory tests were made, and free medicine (iron etc.) was given to each. Usually one of the Sisters gave a talk in Malayalam on a pertinent subject: diet, cleanliness, vaccinations, innoculations, wearing shoes, not sleeping on the floor, boiling of water, etc. The women do not boil drinking water because they don't like the taste of it afterwards. Now we tell them to aerate the water after boiling so that its taste is recovered, while it is also purified.

In the course of four years much good has been accomplished in the weekly clinic—complications have been foreseen and avoided; the babies are healthier; and the women have imbibed a number of basic principles about health and sanitation. Some village women catch on quickly and want to improve living and health standards, but others still prefer to do things as they've always been done.

Slowly we built more rooms on the hospital. Today the hospital has 40 beds. Our latest addition is a laundry. Up

until now our hospital linens had to travel 30 miles or more to be washed. The local girls also have found work doing the laundry and thus earn their bread and butter.

Many problems have been overcome—to certain others we have adjusted—lack of water in the dry season, excess of water during floods, insect pests, language barriers. The road leading to the mainland has been built. There are now two regular bus services bringing the patients to the hospital gates!

The new transportation wrought another unexpected change in its wake—improvement in diet. During the next orange season, enterprising villagers had oranges brought in on the bus and set up a few stands or stalls for selling them. Fortunately, it was a season when oranges were abundant, therefore they were inexpensive, and so even our poor got some to eat. Until the bus service started, oranges were never seen in the village except for those Sister Stephanie had ordinarily provided for the Christmas party. We were happy to see the poor profiting from the citrus overflow brought within their reach by the bus and to know for certain that many other worthwhile improvements could be introduced if economic factors would permit. We hope they will in the future. We have seen so many truly revolutionary innovations and ideas for the good of the people take root and bring forth fruit since we moved in with our hospital just about five years ago that we, and they, can proclaim to all the world, *Thuruthipuram is a changed village.*

NEW INDEX

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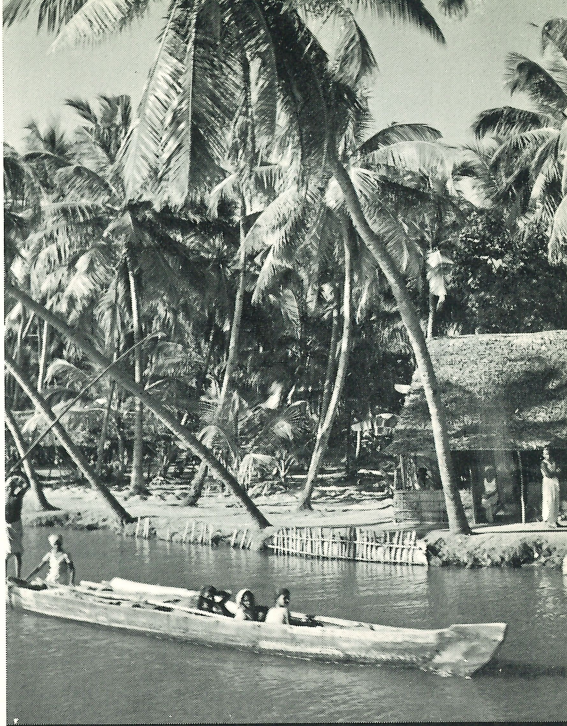
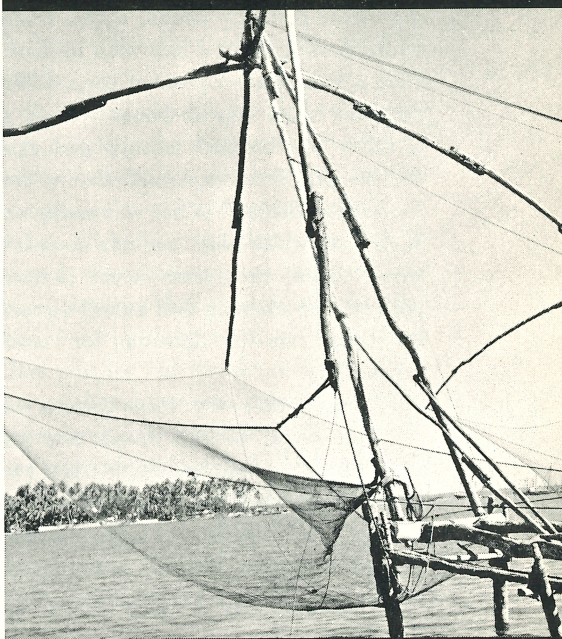


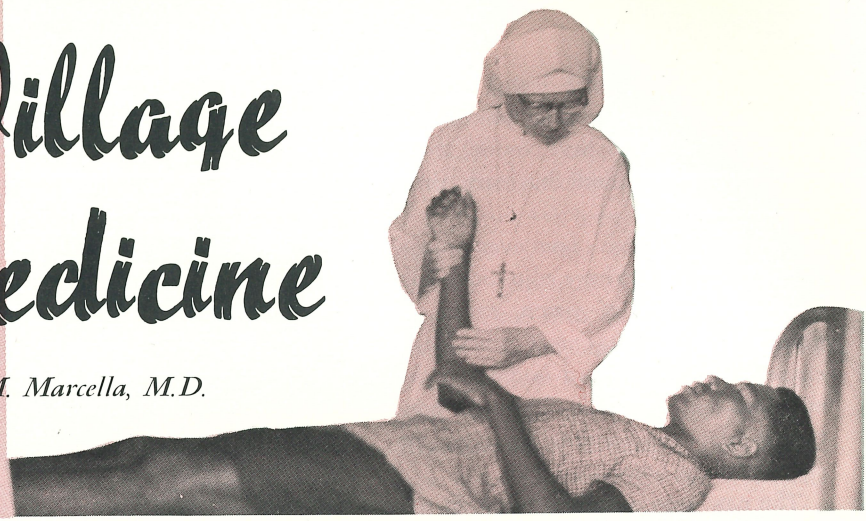
In Thuruthipuram, the people earn their daily bread by fishing and tending the coconut palm. (above) Typical vanchi (boat) and home on one of the islands canals.



Many times the oriental fishing net is erected right in front of the home. At meal times, the huge net is raised and the fishes scooped out and prepared.

Village Medicine

Sister M. Marcella, M.D.



We had just admitted a patient and I was trying to figure out why the man had a fever, and had been unable to walk for six months. His thigh was swollen to twice its size, but below the knee seemed normal except for a dirty little rag around the calf. When we took the latter off we saw a mysterious looking ulcer; perfectly round, with a round white center, about a half inch in diameter; it looked like a piece of bone, where normally there was no bone. I stared at it for a few amazed seconds and then the Bengali Sister explained that it was "village medicine." What was *medicine?* Well that white plug was not bone but wood from the neem tree (a tree possessed of amazing and varied virtues. Its twigs are in demand for tooth brushes!)

It seems that the man became ill, couldn't walk, so this wood was put into a cut made in the calf. He had two scars below this from similar "treatments." Actually he was suffering from a tropical disease, filariasis, not common in this area. We had him walking within the week.

This wasn't my first encounter with village medicine. Each time I see the effects of ignorance and superstition, I am more than ever determined to hack away at it, though only a few chips fly. God alone knows all the harrowing "treatments" to which these people are subjected, but let's see why they still exist in this 20th century world.

It is estimated that 80% of the people here live in villages. As one rides along in a train they dot the countryside. A few miles from that railway they are isolated in large areas of the country, because of the lack of paved roads. Where the buses can't go, the only vehicle available is the ox cart. Now, if someone gets sick, how can he get to a doctor? Most of the doctors with scientific training are located in the cities, naturally enough. But even a trip of ten miles in an ox cart, with no springs, lurching through deep ruts, is an unpleasant experience. Some wealthier patients hire coolies to carry a palanquin but they are all slow. Furthermore, in the rainy season, the routes are often cut off by raging rivers! In other places, it's well nigh impossible to travel in the dry season, lacking roads, but easier to come by boat in the monsoon.

So the sick are forced, by circumstances to get advice from relatives, and neighbors. If a man has some success

treating the family and gets a reputation in his own village, he may go to the next village, swap stories with their favorite "medic" and so on. He may buy a few "sure cure," and there are always people in the world willing to supply them. If it were only harmless herbs, it would be bad enough, because of the delay caused. But so often powerful drugs are given, with no knowledge of the pharmacological action, or the dosage, particularly to children, with disastrous results. Then this "healer" passes on all the misinformation he has obtained to *his* son, and the chain of ignorance becomes so much heavier.

Some of the practices of these amateur "doctors" stem from religious belief and are certainly harmless, such as amulets, usually little copper cylinders in which is a paper containing certain verses of the Koran. These verses are sometimes dipped in water, and the water drunk. Again though, the patient delays seeking real medical aid. The Hindus buy various incantations for similar wear on a string to be kept near the site of the pain. We see many patients with tatoos over the site of a recurring pain, and one could make a snap diagnosis from the location indicated! It was always interesting to see how nearly correct it proved on further study.

We never did get used to seeing the babies who came in with the skin of their abdomens showing as many as 60 cuts made with a sharp fingernail! Actually they usually had dysentery.

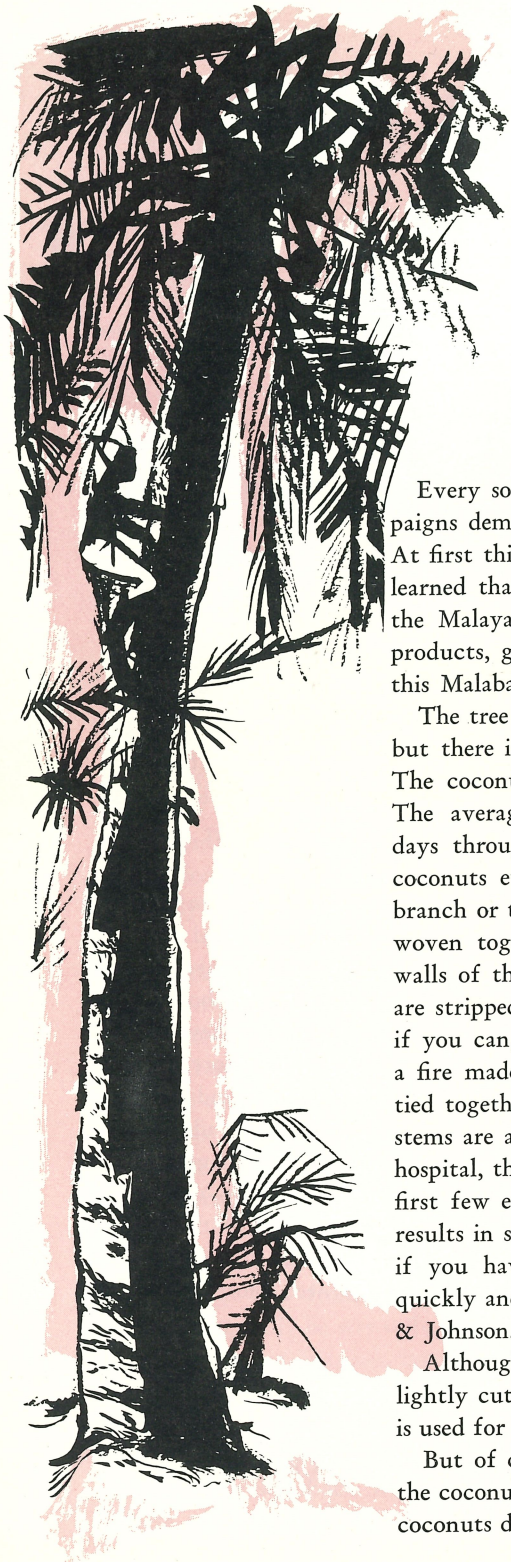
Many are the patients who die of starvation on *advice*. It is one of the first things the patient is told to do—stop eating. Shaving the head is widely practiced for therapeutic value.

Poultices deserve more room than we have. The dung of the sacred cow is regarded as a panacea by many Hindus, and is freely used. Why wonder at the large number of patients who get tetanus, some only four days old? And I've often thought that the sticky resinous stuff some plasters are made of, would have made a fortune for a glue company. They are insoluble in all the commoner solvents. We know!

It is then, that the villagers are unknowingly patronizing an old and clever quack. How often, God knows. But some of the mixers of concoctions, in preparing their soups, invoke the aid of his satanic majesty. Since he is the father of lies they never get an even break.

So that is why we are glad to get village people in our hospitals, and why we instruct them in a painless way, in simple principles of hygiene, and home care. When they find out that they can be helped, they make a great effort to come to us, sending their friends and relatives too. It's the only form of advertising that reaches out to the villages which has no electricity—no radio—and where sometimes only very few of the people can read or write. But the word gets around! We just need more people to speed it!

Sister M. Marcella Du Brul, M.D. worked for six years in our hospitals in India and Pakistan. The last few years she was engaged in medical work in a village in East Pakistan. At present she is stationed at the Catholic Colored Clinic, Atlanta, Georgia.



Symbol of Wealth

Sr. M. Suzanna, R.N.

Every so often the communists in one of their campaigns demand a coconut tree for every man in Kerala. At first this seemed a rather silly request to me, until I learned that the coconut tree is a symbol of wealth to the Malayali, and it does indeed produce a wealth of products, giving a livelihood to many of the people of this Malabar Coast.

The tree itself seems only another graceful palm tree, but there is not a single part of it that goes to waste. The coconut harvest does not occur just once a year. The average tree produces 30-35 coconuts every 40 days throughout its lifetime. When the men cut the coconuts every 40 days, they also cut off the bottom branch or two and these are dried in the sun to be later woven together for palm mats, for the roof and the walls of the house of the people. Less perfect branches are stripped from the stem and used for fuel. Imagine, if you can, doing all the cooking for the hospital over a fire made from palm leaves. The stems left over are tied together in bundles and are used for brooms. These stems are about the size of applicator sticks, and in the hospital, that is just exactly what we use them for. The first few efforts of the students in making applicators results in some things that resembles an applicator only if you have a good imagination, but they catch on quickly and soon produce something that rivals Johnson & Johnson.

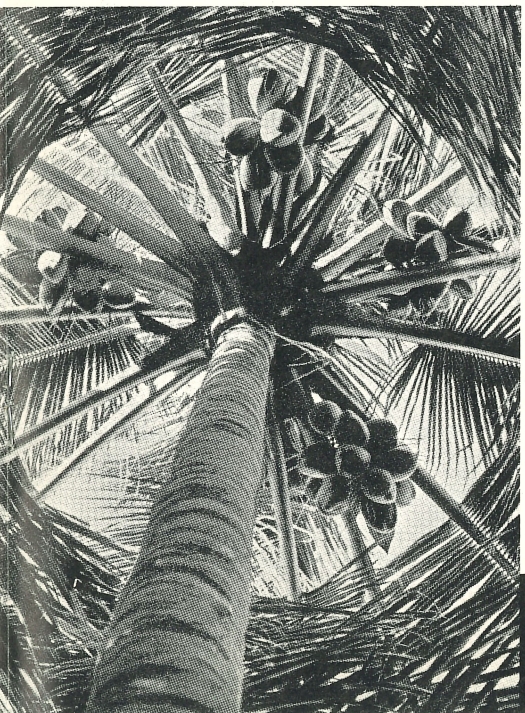
Although coconut trees are precious and are not lightly cut down, some times it is necessary. This wood is used for fuel, or for the framework of their houses.

But of course the most valuable thing on the tree is the coconut itself. You often pass three or four hundred coconuts drying in the sun to be sold and exported. And

(Above right) *Hacking off the coconut husk with a machete.*

(Left) *Women pounding coconut husks into coir.*

of course the local people consume it in all shapes and forms. Curry is not complete without coconut and on the other hand neither is your dessert. Much of the coconut meat is crushed for its oil. This is used for everything from oil for the lamps (there is little electricity in the villages surrounding the hospital) to oil to fry in—to oil for the hair (scented or plain depending on how much you want to spend on this necessity of life). The coconut shells are widely used as cups or small bowls, and the outer covering or husk of the coconut contains the coir and is one of Kerala's chief exports. After being stripped from the coconut it is put to soak for a month or two in one of the many pools or canals formed by the backwaters that face Kerala. After this softening up process, the future coir is a black, soggy, rather smelly mass, when it has dried a little the women and children begin to beat it until all the dirt and non-coir fibers have been removed. The rhythmic beating of the coir sometimes begins before we get up in the morning and continues through the day. Practically all our village women beat coir between caring for their children, pounding the rice, cooking the meals and all the 101 duties of a wife and mother. Little girls start beating the coir almost as soon as they are able to swing the heavy stick. Coir is widely used here for pillows, mattresses, etc. In the U.S. it is used as packing material and for door mats.



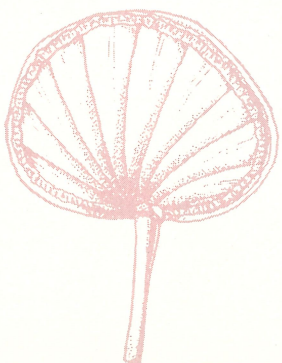
The beautiful coconut palm is more than a "symbol of wealth" for the people of Kerala, India.

While the wife is home beating coir, the husband may be out cutting coconuts or perhaps he is a toddy-climber. Toddy is similar in alcoholic content to beer. It is made by crushing the blossoms of the coconut and letting it bleed into a large pot fastened securely to the tree. This is emptied early in the morning each day. It has a rather tangy pleasant taste then, but after the day's heat it is pretty well fermented in the evening when it is commonly sold. Other men are employed in transporting the coconut or its products by vanchi (the type of boat commonly used in the backwaters).

Coconut trees grow easily without much care; as long as they have a good water supply. In a long dry spell many trees will die and others will produce much less fruit than ordinarily. To compensate for the six months rain-less season, we also have six months rainy season. There are two monsoons during this season and periodic showers between. After the floods which follow the May monsoon every year, wet sand is carried from the river and placed in piles at 2-3 ft. high at the center of the round — every few feet between the trees. Then when it becomes very dry all these piles are spread out providing some extra moisture for the trees. It always seems to me that the little water retained is not worth all the work involved, but it does provide employment for a number of people. Certain men are sand-divers and do nothing but dive in the river and bring up wet sand — a basket at a time — to be used in construction or for the coconuts. When they have a vanchi-full they bring it to shore where coolies, men or women, carry it to its destination.

Oh, I forgot one product of the tree — fans. These are made from the bark of the coconut tree. They are cheap, light in weight and widely used. It's rare that a patient arrives on a stretcher or charpoi, without at least one relative fanning them vigorously — whether they have anemia or asthma, typhoid or tetanus.

Going through the occupations of the people in our section of the country, you find that the majority of them depend and earn their livelihood from the coconuts in one way or another and it doesn't sound nearly as strange to hear them demanding a coconut tree for every family. But since it is scarcely a year and a half since I left a land where even the poor take things like running water and electric lights for granted. I cannot help but be struck by how little these people ask from life — not a California ranch house, a cadillac or color television, no, not even a living wage — but simply one coconut tree to call their own.



Sister M. Daniel

Thomas is blind, and Sister M. Gregory, M.D., just found out that he also has lepromotous leprosy. That diagnosis means that he must stay at Kokofu Leprosarium so he won't give the disease to his fellow villagers in Pramso.

How would someone totally blind ever find his way around the Settlement? The Men's Village is at the foot of a hill, and it is quite a walk from there to the dining hall, to the dressing station for his medicine, to the laboratory for his tests or to the canteen for his simple needs. To Thomas Frimpong, these details posed no problem at all. Nor were his fellow patients concerned in the least. Thomas takes a firm hold on his stick and cheerfully walks along. "Good morning, Sister," he says and leaves me wondering how in the world he knew it was I. Maybe there's a characteristic squeak in my sandals, I do not know, but somehow Thomas knows which Sister he meets before she has said a word. As Thomas goes on his merry way, perchance the lorry may be parked on the drive unknown to our blind friend. How will he avoid walking into it? "Thomas" someone calls out, "watch out for the lorry. Turn to the right." Thomas follows the suggestion and calls back, "Is it all right now?" Upon receiving the affirmative reply he continues on his merry way to the dressing station. Directions always by word, instead of physical means, that's the way Thomas wants it!

One day Thomas appeared at the office and announced that he and a number of the patients would like to start a band.

"Do you have an instrument, Thomas?"

"One of my friends in Pramso can get them for us."

"Who else will play?"

"We need a set of three drums and some plastic horns. There will be plenty of patients who want to play them."

Thomas was right. There were about three patients signed up for each of the three drums and at least two for each of the plastic horns which were purchased from Thomas' friend.

Thereafter, when visitors toured the Settlement, Thomas could be counted on to bring out his horn and play a number of encores. It put new life into the whole of Men's Town as well as providing entertainment for the visitors. Sometimes at night we could hear the beating of the drums — Thomas had called another practice.

Finally it was announced that a concert would be performed on a coming Sunday morning. The patients arranged the benches for the artists in the open grass plot behind the Administration block. They marched up from Men's

Town and began a rhythmic tune. Very soon a tall patient wearing a bright red sweater leaped to his feet and began to dance in front of the band. He was joined by another and another. Down the path from Women's Town came a wheel chair propelled by the rider. When she reached the level drive, she executed a unique dance of rhythm without leaving the wheel chair. There was another though, who simply rose to the occasion, Yaa Nkrumah — plaster cast and all. Round and round they went until the end of the piece. Then another rhythm was started and the Maestro himself performed the dance, horn still in hand.

After the first concert, Thomas came again to the office, this time to make arrangements for regular hours of practice. After all the other patients had regular working hours every day. The band is Thomas' contribution to the welfare of the Settlement. Could not some arrangement be made for an allowance for him? He was referring to the monthly allowance given in return for certain services rendered the Settlement by patients. This opportunity to provide for part of their living expenses seems to have very real therapeutic value from the standpoint of morale. And why shouldn't Thomas, who was contributing quite a share to the upbuilding of a wholesome morale receive a just return for his services? We worked out a definite basic practice schedule. Then we made arrangements for payment for "overtime" or extra practices. Needless to say, this was an incentive to have *more* practices.

The band practices provided another incentive also. In the beginning, when the need for drums was made known, I tried to persuade the patients to use African-made drums, which are made quite differently from those used in bands at home. However, the patients insisted that the modern type drum is used extensively now in Ghana and is more durable than the "talking drums." We gave way to their wishes because it is quite true that schools and other organizations do use the modern drum.

One day, however, I made one of my regular visits to Men's Town to take a physical census of the various houses. As I walked down the hill approaching the village, I could hear an interesting musical sound reminding me immediately of an instrument I had seen in a film about North Ghana. Soon, I could see Konya Dagarte (the Settlement laundryman) and other Dagarte's and North Ghana tribesmen behind one of the houses. Konya was squatting and playing a xylophone type of instrument. He had dug a small trench in the ground about 3 ft. by 1½ ft. wide and 1 ft. deep. Across the top of the trench were placed pieces of wood of graduated lengths with a space between each. These were pounded securely in place. The melody was produced by using another piece of wood to strike the various notes. I was amazed at the clarity of sound produced. Konya assured me that the instrument was not quite "right" yet, but was pleased when I took the gong in hand and produced a melody myself. As I looked up, I heard another musical sound. Leaning against the wall was our Kobi Dagarte with a smile on his face and a harp-like instrument in his hands. He was plucking the strings which were stretched from the top to the bottom of a semi-circular branch of wood. The bottom side of the semicircle was attached to a piece of wood which disappeared through the top of a

half gourd shell. This latter seemed to affect the type of sound produced.

Another scintillating bit of music came from an instrument made from very homely pieces of material. The lid was completely removed from an oval shaped empty fish tin. A block of wood was inserted. To it, you had fastened metal strips of varying lengths. The ends were left free and the music was produced by plucking these ends with one's fingers. The sound is not unlike a flute. I first heard it while on trek with Sister M. Francis and was pleasantly surprised to hear it being played by Menya Busanga (one of the patients) shortly after our return. They were all so pleased that I liked their music and instruments.

You may have noticed from their names that the Busanga's, the Dagarte's, the Grumah's are all North Ghanians. Thomas and the other members of the organized band are predominantly Ashantis. The latter have adopted many of the imported modes of musical expression while the North Ghanians continue to use ingenious, original instruments (even though they look rough and unfinished). This seems to be true of many things. Everywhere in Ashanti one sees the abundance of imported enamelware. In the North the people still depend much on their own handiwork. I have seen baskets woven by North Ghanians that are light enough to hold fine seeds.

The North Ghanians, who seem to move about in tribes in the country just below the Sahara, become more and more intriguing. They are larger people than the Ashanti and are hard working. In the Savannah — lands of the North, nature is not so lavish with her gifts as in the forests of Ashanti. Like their southern neighbors, they love music and dancing.

They say music is a universal language and it speaks many things. Whatever the instrument in Kokofu, it seems to tell of a hope in the future, and gratitude for present care from the Ashanti and his northern neighbors.

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NEWS FROM

PAKISTAN

President's Reception at American Embassy, Karachi

It was a crisp, bright Tuesday morning on December eighth when we boarded the Holy Family "micro-bus" en route to the American Ambassador's residence for the scheduled fifteen minute speech of President Eisenhower. The President visited Karachi for two days and had scheduled this talk to say "hello" to some 2,000 Americans working in the American Embassy and other American organizations in Karachi. Sr. Matthew drove the bus with Srs. Phyllis and William up front and Srs. Joachim, Dolores, Gabriel and myself in the back.

We had to show our American passports as identification. Already there were three long rows of spectators behind the rope which was marking off the podium and was reserved for the children of the Americans . . . these were all ages, from toddlers to the teen-agers. In the meantime the press was gathering a few paces in front of us.

As we looked about the crowd and at those entering the road leading on to the grounds, we were able to recognize a few familiar faces . . . doctors from the American Embassy and former patients. It felt good to see so many American faces. After taking a few pictures of the children seated on the lawn facing the rostrum, we saw the President arrive and nod a greeting to all. The Star Spangled Banner was played by the band as all stood at attention . . . that gave us all a real patriotic thrill.

The President gave some interesting points in his speech. He said we should show consideration and respect for the culture of the people of the country, learn more about them, appreciate them, and learn their customs and bring about mutual understanding. There was much warmth in his talk and he was quite happy to see so many Americans. His talk was soon over and he got into his car, all the reporters scrambling after him. After he left the crowd began to disperse and we took a few more pictures of the various people. In the afternoon the President was to give a public speech at a huge civic reception. At this time Mrs. Rountree, the American Ambassador's wife came and spoke to us. Mr. and Mrs. Rountree had been up to our Holy Family Hospital in Pindi and had expressed the desire to meet the Sisters in Karachi. She was most pleasant and hospitable. We hope to have her visit the hospital in the near future. Soon we boarded our bus back to the waiting patients in the clinic.

SISTER M. REGIS, M.D., *Karachi, W. Pakistan.*

OUR HOUSES

PAKISTAN President Arrives in Pakistan

The two non-Americans, Sister Domitilla (Filipino) and I (Canadian), were determined to get a glimpse of President Eisenhower when he arrived in Karachi. Both of us read the schedule and noticed that the President would be passing by the old Holy Family Hospital near the American Embassy. Off we went to see the motorcade and the horse-driven State carriage which was to carry President Eisenhower and President Ayub Khan to the President A. Khan's house. The State carriage would be escorted by President A. Khan's guard of honor, on horseback. Drawing near to the place we could see the huge crowds gathering, joining the line which was about 20 deep at places. The situation looked rather dismal, how could we see anything behind all these men folk? The American Embassy was behind us and people were looking out the windows. We entered the building after some maneuvering and went up to the second floor and were kindly given a view from the window, but it all seemed so far away. Suddenly we noticed a group of Pakistani women, just opposite the State carriage, very close to where President Eisenhower would alight from the Cadillac and transfer to the State carriage. We decided to join them, but how to get there? Indeed we were shoved, pushed, and shouted at, but at last we spied a policeman and we asked him if he could escort us to the women's section. He lead the way with his cane and we zig-zagged through the sea of heads and finally came to the "spot" we had seen from the window. The spot was perfect as we had a close-up view of the whole performance of the motorcade with the Presidents. The women were wearing burkhas and carrying babies in their arms. Some of them were squatting on the ground as they had been waiting for a long time. It was just wonderful. It took a long time for the crowds to disperse but it was so interesting to see all the Pakistani's so enthusiastic about President Eisenhower's visit. How the American President must have been impressed as he saw rich and poor, young and old, out to greet him, a scene which he will long remember as he remarked before leaving, "The unending demonstrations of sincere friendliness that I met here will be a lasting memory."

Group of Medical Mission Sisters, Holy Family Hospital, Karachi, West Pakistan, (l. to r.) Sisters M. Regis, Dolores, William, Joachim, Gabriel and Phyllis. Taken at President's reception.

SISTER M. BRIGETTA, B.S.N., *Holy Family Hospital, Karachi, W. Pakistan*

INDIA

President in New Delhi

About six or seven of us went to President Eisenhower's arrival reception on the 9th of December — such a traffic jam you never saw. We left the hospital at 2:30 p.m. (reception was scheduled for 4:30) and it took us an hour to get there, but three hours to return. We had to walk the last furlong and our car was parked quite a ways away from the entrance — too many people were trying to crash the gates — many of them did — the police had great difficulty in coping with the crowds. When the giant silver and orange and black jet did arrive, it was like a huge oriole, flanked on each side with nine Indian jets just escorting the plane of Mr. Eisenhower into Palam.

On the evening of December 12th, several of our Sisters went to the reception for President Eisenhower at the Indian President's house. When President Eisenhower saw Sister M. Charles, Sr. M. Evelyn, and Sr. M. Clare, he stood up and actually shook hands with them. Then he asked them about the hospital, how many beds, etc. and congratulated them on their work.

On the 12th I had to cover the hospital. I was attending a French woman whose baby was born that day. I said to the proud parents, "Well, you will not be able to call this baby 'Ike'." The husband immediately answered, "We are thinking about 'Mamie' for a name!"

SISTER M. ALMA, M.D., *Holy Family Hospital, New Delhi, India*

INDIA

It's the Custom

Coming back from Darjeeling last month, we had the pleasure of riding the train from Dehra Dun to Delhi. We boarded the train early and spread our bed rolls out on the luggage rack. This happened to be a new Swiss bogie and it was much nicer than first class on the old trains. As usual, the benches were wooden slats.

Night came on, and so did many more passengers. Sister and I looked at the crowd and climbed up into our bunks before everyone put their boxes, chickens and what-nots up there. Finally, after a few free-for-alls, as the husbands pushed and helped their wives and their children through the windows into the women's compartment, the coach settled down for the night. The space in these new bogies is designed for fifty people, which means seventy will crowd in. I drifted off to sleep and awoke with a start as a woman pulled her tin box off a small rack just above me and deposited one end of it on my leg. With much "oohing" and "aahing" and patting and massaging my leg, she finally sat down and began to fish for some object in her treasure chest.

I made the sad mistake of moving one leg to the side of the luggage rack during the night, for when I awoke there was a hundred pound sack of rice at my feet. Now I ask you, how does one gracefully stretch one's five feet nine inches of bone on a three foot wide space and pretend not to notice a hundred pound sack of rice?

Every inch of floor space was covered with sleeping human forms. The same in-and-out-the-window process was repeated in Delhi. We, too, joined the crowd and tossed our bags out of the window, but walked sedately out the door — so many were using the windows that the door was not crowded.

SISTER M. PASCAL, B.S.N., *Holy Family Hospital, Kodarma, India*

His Eminence, Amleto G. Cicognani, (former Apostolic Delegate to the U.S.), is shown as he took formal possession of his title as Cardinal Protector of the Medical Mission Sisters, December 3, in Rome. Mother Anna Dengel kneels before him.

ROME

Cardinal Cicognani Installed as Cardinal Protector

It was the feast of St. Francis Xavier, December 3rd, 1959. There was an air of expectancy all around *Piazza Cimone*. The Papal flag was flying from Casa Numero 3. The gate and the front door were open, and cars were beginning to arrive. Just now a very large bus labeled "Notre Dame International School" pulled up and about 36 Holy Cross seminarians could be counted as they too walked through the gate. Finally, a very special and dignified looking car circled the Piazza and drove just inside the gate, and a figure dressed in cardinal red emerged. It was kindly Amleto Giovanni Cardinal Cicognani. First to greet him and kiss his ring was Mother Anna Dengel. Then others advanced, His Excellency, Archbishop Martin O'Connor from the North American College; His Excellency, Bishop Olaf Smit; Very Reverend Father Heston, C.S.C., and the Chaplain of the Generalate, Reverend Father Bernardino da Siena, O.F.M. Cap., already dressed in his surplice and Apostolic Breve in hand.

As the Cardinal entered for the ceremony, the 36 seminarians, pre-arranged on the stairway, sang "Ecce Sacerdos Magnus." His Eminence was escorted to the red and gold-framed thronetta which had been erected in the front hall facing the altar, which could be seen from there today. The large chapel doors were opened wide making the whole an enlarged chapel. On either side of the Cardinal sat Rev. Father Callistus, O.F.M., Cap. and Rev. Father Rutten, O.S.C., who together with His Excellency, Bishop Smit had been the Committee who examined our Constitutions before the granting of Papal Approval.

After the Cardinal was seated, Rev. Father Bernardino arose and read the Apostolic Breve of His Holiness Pope John XXIII nominating His Eminence as Cardinal Protector of the Society of Catholic Medical Missionaries. Having finished the Breve, Father addressed the Cardinal and the priests giving a resume of the history and work of the Medical Mission Sisters. As he finished his address, Mother Dengel advanced to the thronetta carrying a hand-carved wooden tray upon which could be seen a copy of the Constitutions, a key and a bell. These are symbolic of the office of Cardinal Protector. In former days the bell was used to call the Superior and the key was to give the Cardinal entrance to the house. "Today," Father Bernardino said in his address, "it signifies the opening of the heart of the Congregation to its

Cardinal Protector." His Eminence picked up the key and the bell and said a few words to Mother Dengel. When she had returned to her place, Cardinal Cicognani began his fatherly response to the ceremony of presentation. He outlined the main steps which led to Papal Approval and characterized the spirit of the Society as "the charity of Christ impels us."

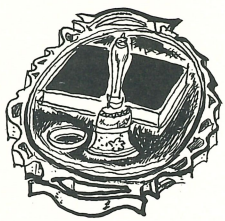
Then the Cardinal was escorted to the prie-dieu reserved for him before the altar, and Very Rev. Father Heston, C.S.C., and his assistants entered for Solemn Benediction. Once again the choir provided a beautiful setting, singing the "Ecce Panis," the "Te Deum" and the other Benediction hymns. For those who could see the altar, the magnificent vestments loaned by the Holy Cross Fathers for the occasion gave it a very regal and festive air.

After Benediction, His Eminence graciously proceeded to the adjoining room to meet all the Reverend Mothers of other congregations present for the ceremony.

Gradually the guests began to leave. Among the last to depart were the 36 seminarians and Father Heston, who had made the ceremonial arrangements, and who seemed to be everywhere at once guiding all to a finished and fitting close.

It was a grand opportunity to show our appreciation to the many friends who have helped our Society attain its present status. Of course, as His Eminence, Cardinal Cicognani said, there was space at the Generalate today for only a few, but all — in every part of the globe — were included in the fervent *Te Deum* sung at Benediction.

SISTER M. DANIEL, *Generalate, Rome, Italy*



R. I. P. *Please pray for our benefactors recently deceased:*

Most Rev. Hugh Lamb, D.D., Greensboro, Pa.
Most Rev. Justin Joseph McCarthy, Camden, N.J.
Very Rev. Theodore Engist, C.SS.R., Phila., Pa.
Rev. W. John Brown, C.S.C., St. Joseph, New Brunswick
Rev. William C. Havey, C.S.C., South Bend, Indiana
Rev. James J. Widmer, Fredricksburg, Va.
Brother Gabriel (Isidore) Halm, C.S.C., Fremont, Ohio
Brother Emery (Joseph) Latsko, Greensburg, Pa.
Mother M. Erentrudis Kawa, S.S.N.D., Rome, Italy
Mother Philomena, O.S.U., Black Rock, Cork, Ire.
Mrs. Elinor Casper, Milwaukee, Wisconsin
Miss Mary W. Clune, Norwich, Conn.
Mr. James Cumerford, Richmond Hill, N.Y.
Mr. Philip J. Dwight, L.I., N.Y. (Brother of Sr. M. Elizabeth, S.C.M.M.)
Mr. Vincent Gottschalk, Oak Park, Ill. (Father of Sr. M. Janet, S.C.M.M.)
Mrs. Albert Lassner, R.N., Philadelphia, Pa.
Mrs. Frank B. McDermott, Cascade, Iowa
Mrs. Michael McDonough, Philadelphia, Pa.
Mr. Howard McKinley, South Ozone, N.Y.
Mr. and Mrs. Thomas O'Dea, Brooklyn, N.Y.
Mr. Francis Rooney, Philadelphia, Pa.
Mr. Thomas Zeiler, Baltimore, Md. (Brother of Sr. M. Christopher, S.C.M.M.)

INDIA

Double Consecration: New Delhi

The Feast of All Saints 1959 will be a day that the Catholics of New Delhi will remember for years to come. On this day they witnessed the consecration of not one, but two bishops, the first such event in the history of this diocese.

Msgr. John Burke came to India from Ireland during the last war as Chaplain to the troops stationed in this northern area. Shortly after the war the call of the East brought him back to India where he has spent his time working among the people of Delhi. He was active in encouraging the organization of Sodalities, works of charity, and young peoples clubs. It was through his efforts and direction that Gregorian Chant was introduced to the Cathedral Choir. Even while in Ireland he was given recognition by the late Pope for his work in Gregorian Chant.

Everyone in Delhi, Christian and non-Christian alike, were most happy to hear of the elevation of Msgr. Burke to that of Bishop of Simla. His new diocese is a vast area extending up into the Himalayas with only a few Catholics.

Rev. Father Angelo Fernandes from Bombay was raised to the rank of Co-adjutor Bishop of Delhi with right of succession. For the past few years he has been assistant to Cardinal Gracias. He was greatly loved by the people in Bombay and several hundred made the long journey from there to Delhi to be present at his consecration.

Since many Catholics came in from the surrounding areas and missions to witness this great event, the Cathedral was deemed too small to accommodate the expected crowds who numbered over 2,500 persons.

A huge shamiani (multi-colored tent) was erected in the true Indian fashion and rugs covered the whole ground area. The altars and Cardinal's throne were placed on a raised platform in clear view of all the people. Lights and microphones were spaced throughout the tent. Flowers and decorations were provided by various convents and Catholics of the city. Just a few hours of exhausting work changed a soccer field into a beautiful outdoor Cathedral.

The people began to arrive for the ceremony about 3:00 p.m. although the Mass was scheduled to begin at 4:30 p.m. Exactly on time, the choir began to sing "Ecce Sacerdos" as scores of brothers and priests, followed by twenty bishops and the Vatican Legation solemnly processed into the tent; a short space behind this group followed the two Bishops-elect and the co-consecrators, the Archbishop of Delhi and the Co-adjutor Archbishop of Calcutta. Lastly, the Cardinal, tall and stately in his cope and miter, entered giving his blessing to all.

We, Sisters from Holy Family Hospital, had the honor of singing, at Msgr. Burke's request, the Proper of the Mass. The Cathedral Choir sang the Common as well as the various responsories.

The various steps of the consecration were explained to the laity by a narrator. The two decrees were also translated and read.

Slowly and grandly the age old ceremony of a consecration of a Bishop was concluded and the clergy and faithful joined in the Te Deum. Three hours had passed since the "Ecce Sacerdos" was first intoned.

Even though this took place in India, amid the palm trees and stars, the very grandeur of the rites told us that we were the spiritual children of the great Shepherd of Rome.

SISTER M. PASCAL, *Holy Family Hospital, Kodarma, India*

MISSION BOOKS

Sister M. Fabian, B. A.

HOPE FOR SOUTH AFRICA, by Alan Paton. Praeger, 1959. 94 pp. $2.50.

To those who have appreciated "Cry the Beloved Country" this new book brings hope tempered with realism.

The ruling Nationalist Party in South Africa has stood for white supremacy, Afrikaner privileges, suppression of non-white's rights, racial conflict.

Briefly, Mr. Paton shows how the history of the Boers, forebears of the Afrikaners, has led to the present situation. Interwoven is a discussion of the religious justification for intolerance used by the Afrikaner. The Boers' trek into the interior fleeing oppression, suggests to the Afrikaner a parallel to the Old Testament wanderings of the Chosen People, the non-whites now Philistines.

Revealing fear as the root of the conflict, Mr. Paton calls on both sides to realize that a non-racial democracy is possible, and the only just and practical solution. To the fear of the Afrikaner he counters that if the white man continues the program of apartheid with its cruelty and injustice, what he wishes to avoid will inevitably happen. The intractable apartheid will not diminish African desire for equality, but it will make peaceful democracy impossible to attain. South Africa must be awakened to the necessity of doing away with the color bar once and for all. A thought provoking book, it says much to all Christians.

AWAY TO EAST AFRICA, by Albert J. Nevins. Dodd, Mead, 1959. 96 pp. Illus. $3.00.

Comprehensive in character, this small book covers all phases of East African history, geography, social and economic life.

One meets Africa Old and New. Tribal lore and schools of higher education; feathered Masai dancers and the urbanized office worker; witch doctor and medical doctor; the contrast is striking.

Especially noteworthy are the fine photographs, juxtaposed to carry through the theme of contrast. It is highly recommended for young readers and interested adults.

LOOK SOUTHWARD, UNCLE, by Edward Tomlinson. Devin-Adair, 1959. 369 pp. $6.00.

Thirty-five years as newspaperman in South America have convinced the author that North Americans have scant real knowledge of the people south of us, having instead a cliché ridden caricature. Journalistic in style, the book bombards us with facts.

The economic aspects predominate, but there are several interesting chapters on the rise and fall of dictatorships and on the present state of Communism below the border.

Though a trifle superficial in approach, there is a great deal of interesting information to be found in the book.

her head until a whole barge load of fuel is transported, walk miles for a meager supply of water, thrash grain, carry wood and in between snatch at some little passing human happiness. A climax in her life without hope comes for the non-Christian mother at the death of her child. What consolation is there for her for whom death is truly, "the end."

And we Christian women, we have a goal. We walk through life to a "Promised Land." We know why, and for what, we were born. We know where we are going and we have "the Way." We have "the Truth." We have "the Life" to help us on to our heavenly home. What gratitude to God must rise in our hearts. We have, and our non-Christian sisters have not. What obligations this imposes upon us. What sympathy it evokes for the millions of women who are without our hope and consequently without real joy. Christian women, *noblesse oblige!*

The remedy? Pope Pius gave Christian women this directive: "show forth openly and sympathetically, through personal example your Faith and your Christian life." Insistently and urgently, he called upon women to help heal this wound of women's degradation as well as other ills of society.

"To dress this wound, there is but one effective balm; the return of the mind and human heart to the knowledge and love of God, our common Father and to Him whom He sent to save the world, Jesus Christ. But to minister the unction of this balm to the living flesh of humanity, bruised from so many shocks, the hands of a woman seem to be providently prepared and rendered even more gentle by the most refined sensibility and a most delicate tenderness of heart. So it is for you Catholic women to bend over this seriously wounded world; guided and aided by God, to raise it up and encourage it; remake of this conglomerate mass an organic society, in the peaceful hierarchy of functions and responsibilities, in respect for duties and rights, in the harmonious coordination of stable and fruitful families. Through you, may the multiplicity of ethical groups find unity in the sonship of God and in the brotherof man . . . Behold your mission. It is an exalted one. It requires enthusiasm, perseverance; at times it demands heroism."

YOUR WILL

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

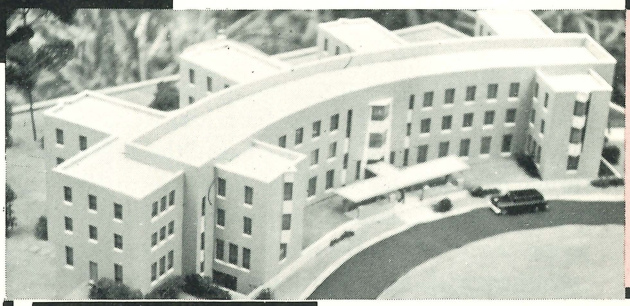
"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

NOVITIATE NEEDS

Philadelphia

Our novices and postulants are ready to move in but they have no furniture or furnishings. You may wish to give one of the items listed below as a memorial in memory of someone dear to you.



CHAPEL SANCTUARY

Altar*	
Crucifix* (large)	
Tabernacle	$ 2,000.00
Sanctuary Lamp	250.00
Sanctuary Floor, terrazzo	2,000.00
Credence Table	100.00
Missal Stand	75.00
Altar Cards	85.00
Pre-dieu (6) ea.	65.00
Cruet Set	62.00

CHAPEL FURNITURE

Front Doors (2)	$1,080.00 ea.	$ 2,160.00
Pews and Kneeling Benches (24)	$1,000 ea.	24,000.00
Holy Water Fonts (3)	$312 ea.	936.00
Confessionals (2)	$1,800.00 ea.	3,600.00
Stations of the Cross (14)	$1,080.00 ea.	15,120.00
Communion Rail		2,700.00
Chapel Wall Clock		45.00

ANGELUS BELL	$ 500.00
AUDITORIUM AND GAME ROOM	3,600.00
LAUNDRY (mangles, etc.)	2,400.00

OFFICES

Desks (6)	$116.00 ea.	$ 696.00
Office Chairs (6)	$51.00 ea.	306.00
Straight Chairs (6)	$11.00 ea.	66.00
Typewriters (6)	$195.00 ea.	1,170.00
Typing Tables (6)	$14.00 ea.	84.00
File Cabinets — 4 drawer (4)	$65.00 ea.	260.00
File Cabinets — 2 drawer (2)	$30.00 ea.	60.00
Telephone Stands (6)	$10.00 ea.	60.00
Shelf Cupboards (4)	$25.00 ea.	100.00
Electric Wall Clock (6)	$8.00 ea.	48.00

SEWING ROOM

Work Tables (6)	ea.	$ 175.00
Chairs (24)	ea.	11.00
Sewing Machines (6)	ea.	100.00
Built-in Cupboard		500.00
Drapes		150.00

*—Donated.

INFIRMARY

Beds with Mattresses (6)	ea.	$ 170.00
Chairs (10)	ea.	7.00
Bedside Stands (6)	ea.	30.00
Cubicle Curtains (4)	ea.	15.00
Linen, Towels, Sheets, etc.		500.00
Small Electric Range		240.00
Toaster		21.00
Refrigerator		220.00
Table		24.00
Examining Table		88.00
Treatment Cabinet		140.00
Small Instrument Sterilizer		88.00
Lamp		95.00

CANDLESTICKS

Candlesticks—20″ (3 prs.) pr.	$ 200.00
Candlesticks — 12″ (1 pr.)	52.00
Benediction Candelabra	220.00

STATUES

Statue, Blessed Mother	$ 1,800.00
Statue, St. Joseph	1,800.00
Statue (circular drive)	1,500.00

CRUCIFIXES — SMALL

Offices (6)	ea.	$ 12.00
Music Rooms (4)	ea.	12.00
Infirmary (3)	ea.	12.00
Parlors (6)	ea.	12.00
Others (6)	ea.	12.00

PARLORS

Occasional Chairs (24)	ea.	$ 60.00
Straight Back Chairs (30)	ea.	20.00
Small Tables (6)	ea.	20.00
Dining Tables (2)	ea.	67.00
Lamps (12)	ea.	14.00
Drapes (6)	ea.	75.00

DORMITORIES AND SINGLE ROOMS

Beds with Mattresses (100)	ea.	$ 75.00
Chairs (100)	ea.	11.00
Wardrobe Cupboard (100)	ea.	200.00
Cubicle Curtains (100)	ea.	15.00
Pull Drapes— Windows (120)	ea.	20.00

CRUCIFIXES — LARGE

Sacristy		$ 35.00
Dormitories (8)	ea.	35.00
Auditorium		35.00
Classrooms (4)	ea.	35.00
Library		35.00
Community Rooms (2)	ea.	35.00
Sewing Room		35.00

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my gift $_____ towards _____ in your new novitiate building.

Name _____

Address _____

City _____ Zone_____ State _____

Mary in the Gospels

When as his mother Mary was espoused to Joseph, before they came together, she was found with child, of the Holy Ghost.

Matthew I. 18.